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8 **BEFORE THE**
9 **BOARD OF REGISTERED NURSING**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Statement of Issues Against:

Case No. *2013 - 838*

13 **REX LAWRENCE WILLIAMS**

14 Respondent. **STATEMENT OF ISSUES**

15 Complainant alleges:

16 **PARTIES**

17 1. Louise R. Bailey, M.Ed., RN ("Complainant") brings this Statement of Issues solely
18 in her official capacity as the Executive Officer of the Board of Registered Nursing ("Board"),
19 Department of Consumer Affairs.

20 2. On or about June 15, 2012, the Board received an application for a registered nurse
21 license from Rex Lawrence Williams ("Respondent"). On or about May 22, 2012, Respondent
22 certified under penalty of perjury that all information provided in connection with the application
23 was true and correct. The Board denied the application on August 8, 2012.

24 **STATUTORY PROVISIONS**

25 3. Business and Professions Code ("Code") section 2736 provides, in pertinent part, that
26 the Board may deny a license when it finds that the applicant has committed any acts constituting
27 grounds for denial of licensure under section 480 of that Code.

28 ///

1 4. Code section 2761 states, in pertinent part:

2 The board may take disciplinary action against a certified or licensed
3 nurse or deny an application for a certificate or license for any of the following:

4 (a) Unprofessional conduct . . .

5

6 (4) Denial of licensure, revocation, suspension, restriction, or any other
7 disciplinary action against a health care professional license or certificate by another
8 state or territory of the United States, by any other government agency, or by another
9 California health care professional licensing board. A certified copy of the decision
10 or judgment shall be conclusive evidence of that action . . .

11 5. Code section 480 states, in pertinent part:

12 (a) A board may deny a license regulated by this code on the grounds that
13 the applicant has one of the following:

14

15 (3)(A) Done any act that if done by a licentiate of the business or
16 profession in question, would be grounds for suspension or revocation of license.

17 (B) The board may deny a license pursuant to this subdivision only if the
18 crime or act is substantially related to the qualifications, functions, or duties of the
19 business or profession for which application is made . . .

20 6. Code section 2762, subpart (a), states, in pertinent part, that in addition to other acts
21 constituting unprofessional conduct within the meaning of this chapter it is unprofessional
22 conduct for a person licensed under this chapter to: "obtain or possess in violation of law, or
23 prescribe, or except as directed by a licensed physician or surgeon, dentist, podiatrist administer to
24 himself or herself, or furnish or administer to another, any controlled substance as defined in
25 Division 10 (commencing with Section 11000) of the Health & Safety Code or any dangerous
26 drug as defined in Section 4022".

27 **FIRST CAUSE FOR DENIAL**

28 **(Disciplinary Action by the Emergency Medical Services Authority)**

7. Respondent's application is subject to denial pursuant to Code sections 2736,
subdivision (a)(3), 2761, subdivision (a)(4), and 480, subdivision (a)(3)(A), in that he was
disciplined by the Emergency Medical Services Authority ("EMSA"), as follows: On or about

1 August 1, 2011, pursuant to the Stipulated Settlement Agreement and Disciplinary Order
2 approved and adopted by the EMSA as the final disposition in the disciplinary proceeding titled
3 "In the Matter of the Emergency Medical Technician-Paramedic License Held by: Rex L.
4 Williams", Enforcement Matter No. 10-0149, the EMSA accepted the surrender of Respondent's
5 EMT-Paramedic License. True and correct copies of the Stipulated Settlement Agreement and
6 Disciplinary Order and the related Accusation are attached hereto as **exhibit A** and incorporated
7 herein. Respondent was charged in the Accusation with administering morphine to several
8 different patients without permission from a treating physician or the base hospital and
9 consequently, acted outside his scope of practice as a paramedic, functioned outside the
10 supervision of medical control, and violated local protocols. Respondent was also charged with
11 committing fraudulent or dishonest acts by falsely documenting his patient care reports to reflect
12 that he had authority to administer the morphine to the patients. Respondent stipulated that the
13 EMSA could establish a factual basis for the charges in the Accusation at a hearing. On or about
14 June 15, 2012, Respondent submitted a letter to the Board along with his application in which he
15 admitted that he "administered pain medication to patients without proper Base Hospital
16 notification and permission according to local protocol" and "made errors" in his documentation.

17 **SECOND CAUSE FOR DENIAL**

18 **(Disciplinary Action for Obtaining or Possessing Controlled Substances With** 19 **Administration to Others Without Proper Authorization)**

20 8. Respondent's application is subject to denial pursuant to Code sections 2762(a) and
21 480, subdivision (a)(3)(A), in that Respondent obtained, possessed and administered Morphine, a
22 Schedule II controlled substance to others, without proper authorization, as alleged in Paragraph
23 7 above. Obtaining, possessing and administering Morphine to others without authorization
24 constitutes use of controlled substances in a manner dangerous or injurious to others.

25 **THIRD CAUSE FOR DENIAL**

26 **(Unauthorized Practice)**

27 9. Respondent's application is subject to denial pursuant to Code sections 2726 and 480,
28 subdivision (a)(3)(A) in that he obtained, possessed and administered Morphine to others without

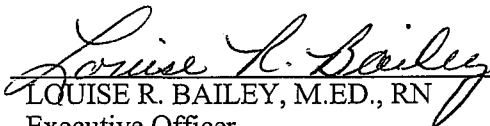
1 authorization, thereby practicing medicine without authority to do so as alleged in Paragraph 7
2 above.

3 **PRAYER**

4 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
5 and that following the hearing, the Board of Registered Nursing issue a decision:

- 6 1. Denying the application of Rex Lawrence Williams for a registered nurse license;
7 2. Taking such other and further action as deemed necessary and proper.

8
9 DATED: MARCH 27, 2013


LOUISE R. BAILEY, M.ED., RN
Executive Officer
Board of Registered Nursing
Department of Consumer Affairs
State of California
Complainant

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EXHIBIT A

**Stipulated Settlement Agreement and Disciplinary Order and related Accusation
Emergency Medical Services Authority, Case No. 10-0149**

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BEFORE THE
EMERGENCY MEDICAL SERVICES AUTHORITY
STATE OF CALIFORNIA

In the Matter of the Emergency Medical
Technician- Paramedic License Held by:

) Enforcement Matter No.: 10-0149
)
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REX L. WILLIAMS
License No. P14633

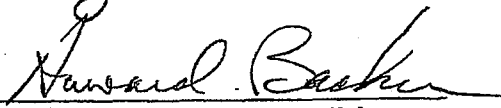
) **DECISION AND ORDER**
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)

Respondent.

The surrender of Emergency Medical Technician-Paramedic (EMT-P) License No.
P14633 by Respondent REX WILLIAMS is accepted by the Emergency Medical Services
Authority, State of California.

This Decision and Order shall become effective on the 1 day of August, 2011.

IT IS SO ORDERED this 1 day of Aug, 2011.


Howard Backer, MD, MPH, Director
EMERGENCY MEDICAL SERVICES
AUTHORITY, STATE OF CALIFORNIA

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BEFORE THE
EMERGENCY MEDICAL SERVICES AUTHORITY
STATE OF CALIFORNIA

In the Matter of the Emergency Medical
Technician-Paramedic License Held by:

REX L. WILLIAMS
License No. P14633

Respondent.

) Enforcement Matter No.: 10-0149

) **STIPULATED SETTLEMENT**
) **AGREEMENT AND DISCIPLINARY**
) **ORDER**

In the interest of a prompt and speedy settlement of this matter, consistent with the public interest and the responsibility of the Emergency Medical Services Authority, (hereinafter "EMSA"), the parties hereby agree to the following Stipulation for Surrender of License which will be submitted to EMSA for its approval and adoption as the final disposition of Case No. 10-0149.

PARTIES

1. Complainant Sean Trask is the Chief of the EMS Personnel Division of the EMSA, who brought this action solely in his official capacity and is represented in this matter.
2. REX WILLIAMS (Respondent) is not represented by counsel in this matter.
3. At all times relevant to the charges in Accusation No. 10-0149, Respondent's Emergency Medical Technician-Paramedic (EMT-P) license was valid.

JURISDICTION

4. Accusation No. 10-0149 was filed before the Authority and is currently pending against Respondent. The Accusation, together with all other statutorily required documents, was duly served on Respondent. A copy of Accusation No. 10-0149 is attached hereto.

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CONTINGENCY

10. This Stipulation shall be subject to the approval of the Authority. Respondent understands and agrees that the Authority staff and counsel for Complainant may communicate directly with the Authority regarding this stipulation, without notice to or participation by Respondent or his counsel. If the Authority fails to adopt this Stipulation as its Order in this matter, the Stipulation shall be of no force or effect; it shall be inadmissible in any legal action between the parties; and the Authority shall not be disqualified from further action in this matter by virtue of its consideration of this Stipulation.

STIPULATION AND ORDER

IT IS THEREFORE STIPULATED AND ORDERED as follows:

1. **SURRENDER.** Respondent hereby agrees to surrender his license and wallet certificate to the Authority or its representative on or before the effective date of this decision, and the Authority agrees to accept this surrender in resolution of this matter. The Authority agrees that Respondent may comply with this provision by placing his license and wallet certificate in the mail and have it delivered to the Authority by U. S. Postal Service.
2. **RE-APPLICATION FOR LICENSE.** Respondent fully understands and agrees that he shall comply with all the laws, regulations and procedures for re-application of a license in effect at the time any application is submitted by him, and all of the allegations and causes for discipline contained in the Accusation No. 10-0149 will be deemed to be true, correct and admitted by Respondent for purposes of the Authority's determination whether to grant or deny the petition. Respondent agrees that he will not re-apply for licensure for at least three years following the effective date of this decision.

3. Respondent understands that by signing this Stipulation, he is enabling the Authority to issue its order accepting the surrender of his license without further process. He further understands that upon acceptance of this stipulation by the Authority, he will no longer be permitted to work as an EMT-P in the State of California.

ACCEPTANCE

I, REX WILLIAMS, have carefully read and fully discussed with counsel the above Stipulation and enter into it freely and voluntarily and with full knowledge of its force and effect. I do hereby agree to surrender my Emergency Medical Technician-Paramedic License No. P14633 to the Emergency Medical Services Authority of California for its formal acceptance. By signing this Stipulation to surrender my license, I recognize that as of the effective date of its formal acceptance by the Authority, I will lose all rights and privileges to practice as an Emergency Medical Technician-Paramedic in the State of California and I also will cause to be delivered to the Authority both my license and wallet certificate on or before the effective date of the decision.

DATED: 07/25/2011



REX WILLIAMS
Respondent

DECLARATION OF SERVICE BY U.S. REGISTERED MAIL,
RETURN RECEIPT REQUESTED

In the Matter of the Emergency Medical Technician-Paramedic License Held by:

REX L. WILLIAMS
EMSA Case No.: 10-0149

I declare:

I am employed by the Emergency Medical Services Authority which is the office of a member of the California State Bar at which member's direction this service is made. I am 18 years of age or older and not a party to this matter. I am familiar with the business practice at the Emergency Medical Services Authority for collection and processing of correspondence for mailing with the United States Postal Service. In accordance with that practice, correspondence placed in the internal mail collection system at the Emergency Medical Services Authority is deposited with the United States Postal Service that same day in the ordinary course of business.

On August 10, 2011, I caused the following attached documents be served:

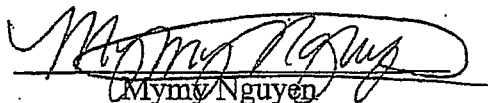
Stipulated Settlement Agreement and Disciplinary Order

By placing a true copy thereof enclosed in a sealed envelope with first class postage thereon fully prepaid, and a true copy thereof enclosed in a sealed envelope with certified delivery postage thereon fully prepaid in the internal mail collection system at the Emergency Medical Services Authority, 10910 Gold Center Drive, Rancho Cordova, CA 95670, addressed as follows:

REX L. WILLIAMS
1136 N. Leila Street
Visalia, CA 93291

Article No.: 70020510000301478859

I declare under penalty of perjury under the laws of the State of California the foregoing is true and correct and that this declaration was executed on August 10, 2011 at Rancho Cordova, California.


Mymy Nguyen

CYNTHIA L. CURRY (SBN 109286)
Senior Staff Counsel
Emergency Medical Services Authority
10901 Gold Center Drive Suite 400
Rancho Cordova, CA 95670
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BEFORE THE
EMERGENCY MEDICAL SERVICES AUTHORITY
STATE OF CALIFORNIA

In the Matter of the Emergency Medical Technician- Paramedic License Held by:)	Enforcement Matter No.: 10-0149
)	
REX L. WILLIAMS)	ACCUSATION
License No. P14633)	
)	
Respondent.)	

I. INTRODUCTION

This case is brought pursuant to the provisions of the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act ("Act")¹ based on the acts of **REX L. WILLIAMS** ("Respondent") that evidence a threat to the public health and safety.

II. PARTIES

1. Sean Trask ("Complainant") is the Chief, EMS Personnel Division of the Emergency Medical Services Authority of the State of California ("Authority"). Complainant makes, executes, and files this Accusation in his official capacity as Chief of the EMS Personnel Division of the EMS Authority of the State of California ("Authority").

¹ The Act is codified at Health and Safety Code, Division 2.5, section 1797 et seq.

2. Respondent currently holds Emergency Medical Technician-Paramedic ("EMT-P") license number P14633 that was first issued on March 26, 1998, and is valid through November 30, 2011, unless it is revoked or suspended as provided by law.

III. JURISDICTION

3. The instant Accusation is brought before the Authority pursuant to the following sections of the Health and Safety Code and Title 22 of the California Code of Regulations.²

4. Section 1797 et seq. of the Act was enacted to create a statewide system of emergency medical services. The Authority was charged with the statutory responsibility to coordinate and integrate all state emergency medical services, as set forth in Health and Safety Code section 1797.1.

5. The Act provides that a licensed EMT-P may perform various medical procedures, including advanced life support procedures, while at the scene of a medical emergency or during transport, or during interfacility transfer, when authorized to practice as an EMT-P by the local emergency medical services agency. The scope of practice of an EMT-P is set forth in sections 1797.52 and 1797.172, and regulation 100145.

6. Section 1798.200 provides in pertinent part as follows:

“(b) The authority may deny, suspend, or revoke any EMT-P license issued under this division or may place any EMT-P licenseholder on probation upon the finding by the director of the occurrence of any of the actions listed in subdivision (c)....

“(c) Any of the following actions shall be considered evidence of a threat to the public health and safety and may result in the denial, suspension or revocation of a certificate or license issued under this division, or in the placement on probation of a certificate or licenseholder under this division:

“ ...

“(5) The commission of any fraudulent, dishonest, or corrupt act which is substantially related to the qualifications, functions, and duties of prehospital personnel.

“ . . .

² All further references to section are to sections of the Health and Safety Code and references to regulation are to sections of Title 22 of the California Code of Regulations.

1 “(7) Violating or attempting to violate directly or indirectly, or assisting in or
2 abetting the violation of, or conspiring to violate, any provision of this division
3 or the regulations adopted by the authority pertaining to prehospital personnel.
4 “...

5 “(10) Functioning outside the supervision of medical control in the field care
6 system operating at the local level, except as authorized by any other license
7 or certification.”

8 7. Additionally, Section 100174 of Title 22, California Code of Regulations
9 provides:

10 “Substantial Relationship Criteria for the Denial, Placement on Probation,
11 Suspension, or Revocation of a License.

12 (a) For the purposes of denial, placement on probation, suspension, or revocation, of
13 a license, pursuant to Section 1798.200 of the Health and Safety Code, a crime or act
14 shall be substantially related to the qualifications, functions and/or duties of a person
15 holding a paramedic license under Division 2.5 of the Health and Safety Code. A
16 crime or act shall be considered to be substantially related to the qualifications,
17 functions, or duties of a paramedic if to a substantial degree it evidences present or
18 potential unfitness of a paramedic to perform the functions authorized by her/his
19 license in a manner consistent with the public health and safety.

20 (b) For the purposes of a crime, the record of conviction or a certified copy of the
21 record shall be conclusive evidence of such conviction. "Conviction" means the final
22 judgment on a verdict or finding of guilty, a plea of guilty, or a plea of nolo
23 contendere.”

24 IV. FACTUAL ALLEGATIONS

25 First Cause of Action

Violation of 1798.200(c)(5)

**The commission of any fraudulent, dishonest,
or corrupt act which is substantially related
to the qualifications, functions, and
duties of prehospital personnel**

8. Respondent was a California licensed paramedic working for private ambulance services in
Tulare County for several years. In 2010 Respondent's employer and the local Emergency
Medical Services Agency, Central California Emergency Medical Services Agency, conducted
an investigation into Respondent's work as a paramedic. As a result of the investigation a
complaint against Respondent was filed with the Authority. The Authority conducted an
independent investigation and determined that Respondent had violated Health and Safety Code
section 1798.200 and was subject to disciplinary action.

1 9. Specifically, Respondent violated Health and Safety Code section 1798.200(c)(5), in that he
2 committed fraudulent or dishonest acts by falsely documenting his patient care reports (PCR).

3 Following are specific acts committed by the Respondent in violation of this section:

4 10. Run Number 6281: On or about February 20, 2010, Respondent responded to a call for
5 an interfacility transfer of an 18 year old patient with a peritonsillar abscess from one
6 medical facility to another in Fresno, California. During transport, Respondent administered
7 2 mg of morphine to the patient. Respondent did not have authority to administer the
8 morphine to this patient without permission to do so from a treating physician or the base
9 hospital.³ Local rules require that during patient interfacility transport, a paramedic may
10 provide treatment only when written orders from the treating physician or permission from
11 base hospital is obtained. Further, there are no local protocols for a paramedic to treat for
12 pain management without base hospital permission. Respondent noted in his PCR that he
13 had permission of "ATT: Smith, Ronald MD". Respondent made no base hospital contact
14 on this run. Respondent, in fact, did not have written authorization from Dr. Smith to
15 administer pain medication or morphine to this patient. Dr. Smith was not the attending
16 physician, and was off duty at the time of this patient transfer. Another Doctor with the
17 transferring facility was the attending physician and there were no written records or orders
18 for pain medication or morphine for this patient. Respondent was dishonest in completing
19 his PCR records in that he falsely stated that he had authority to administer the morphine to
20 this patient. Respondent violated local protocols by administering the treatment to this
21 patient without authority to do so. Respondent acted outside his authority as a paramedic by
22 administering treatment to this patient outside the supervision of required medical control.

23
24 ³ CCEMSA Policy 341 "If the patient's needs are within the scope of practice for an EMT-1, no
25 interaction with a Base Hospital is necessary. EMT-Paramedic personnel may only function
under the direction of a Base Hospital Physician." [Section II(C)(8)] Appendix A provides the
specific procedures that can be performed and medications that can be administered under the
direction of an EMS Base Hospital.

1 11. Run Number 6324: On or about February 21, 2010 Respondent responded to a 911 call for
2 a motor vehicle accident. This call was documented as a Non-Stat Trauma call and the patient
3 was a 59 year old male complaining of chest/sternum pain and had multiple facial lacerations.
4 There were potential head injuries due to the nature of the collision. Respondent initiated an IV
5 for the patient. He administered 5 mg of morphine to the patient. Local protocols require base
6 hospital contact and a base hospital medical authorization to administer morphine under these
7 circumstances.⁴ Respondent wrote in his PCR that he received base hospital orders for 5 mg of
8 morphine from Dr. Smith. In fact, there was no base hospital contact except for an ETA
9 (estimated time of arrival); Respondent made no request for morphine to be administered to this
10 patient and none was given. Respondent was dishonest in completing his PCR records in that
11 he falsely stated that he had authority to administer the morphine to this patient. Respondent
12 violated local protocols by administering the treatment to this patient without authority to do so.
13 Respondent acted outside his authority as a paramedic by administering treatment to this patient
14 outside the supervision of required medical control.

15 12. Run Number 10790: On or about March 28, 2010, Respondent responded to a call for an
16 interfacility transfer from a medical facility to a hospital for a patient with a gunshot wound.
17 Respondent administered morphine to this patient during the transfer for pain management.
18 Respondent wrote in his PCR that the patient was in severe pain and that the morphine was
19 administered per written orders from Dr. Buselli. In fact, Respondent did not have authority to
20 administer the morphine to this patient without permission to do so from a treating physician or
21 the base hospital.⁵ Local rules require that during interfacility patient transport a paramedic may

23 ⁴ CCEMSA Policy 530.23 Trauma provides the treatment sequence for trauma patient.
24 Morphine may be given as a Standing Order for patients with isolated extremity trauma.
25 Morphine administered for severe pain requires a Base Hospital Order only to be given by a
physician.

⁵ CCEMSA Policy 341 "If the patient's needs are within the scope of practice for an EMT-1, no
interaction with a Base Hospital is necessary. EMT-Paramedic personnel may only function
under the direction of a Base Hospital Physician." [Section II(C)(8)] Appendix A provides the

1 provide treatment only when written orders from the treating physician or permission from base
2 hospital is obtained. Further, there are no local protocols for a paramedic to treat for pain
3 management without base hospital permission. There were no written orders from the transfer
4 facility for pain management or the administration of morphine. There are no records of any
5 base hospital contact for this run. Respondent was dishonest in completing his PCR records in
6 that he falsely stated that he had authority to administer the morphine to this patient.

7 Respondent violated local protocols by administering the treatment to this patient without
8 authority to do so. Respondent acted outside his authority as a paramedic by administering
9 treatment to this patient outside the supervision of required medical control.

10 13. Run Number 11797: On or about April 5, 2010, Respondent responded to a 911 call for
11 abdominal pain. The call was documented as a Non-Stat Medical call. The patient was a 31-
12 year-old female with chronic abdominal pain, with a history of pancreatitis with pending
13 surgery to remove a cystic mass near her pancreas. The patient had used the last of her pain
14 medication. Respondent administered morphine to the patient for pain management.

15 Respondent wrote in his PCR that he made base hospital contact by cellular phone and an order
16 for morphine was given. There are no base hospital records of a call in for this run, no records
17 for a morphine request and no records for authorization for Respondent to administer morphine
18 to this patient. There were no records of any cellular call made during this run. There are no
19 local protocols for a paramedic to provide pain management under these circumstances.

20 Respondent had no authority to provide the morphine and by doing so acted outside the scope of
21 medical control. Respondent was dishonest in completing his PCR records in that he falsely
22 stated that he had authority to administer the morphine to this patient. Respondent violated
23 local protocols by administering the treatment to this patient without authority to do so.

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specific procedures that can be performed and medications that can be administered under the
direction of an EMS Base Hospital.

Respondent acted outside his authority as a paramedic by administering treatment to this patient outside the supervision of required medical control.

14. Run Number 14199: On or about April 24, 2010, Respondent responded to a call for a patient who had fallen. This call was documented as a "Non-Stat Medical call" with the patient's chief complaint as right thigh pain related to cellulitis and an ulcer to the right inner thigh. Respondent administered morphine to this patient. Respondent wrote in his PCR that during the ETA-only base contact he received a morphine order from Tracy Carvalho. The emergency hospital department recording of the call in for this run did not reflect a request or order for morphine administration for this patient. The Base Hospital Care Report did not reflect an order for morphine and Tracy Carvalho documented the call as a "transport only" with no orders for morphine. Respondent admitted during an interview with the Authority that he did not have base hospital authority for the administration of the morphine. Local protocols require base hospital contact and a base hospital medical authorization to administer morphine under these circumstances.⁶ Respondent was dishonest in completing his PCR records in that he falsely stated that he had authority to administer the morphine to this patient. Respondent violated local protocols by administering the treatment to this patient without authority to do so. Respondent acted outside his authority as a paramedic by administering treatment to this patient outside the supervision of required medical control.

15. Run Number 14346: On or about April 25, 2010, Respondent responded to a 911 call for hemorrhage and lacerations for a 50 year old female patient complaining of rectal pain. The patient had suffered a fall a week ago and was being treated for the fall. Her complaints were related to problems with bowel movements after the fall. Respondent administered morphine to this patient at least twice during transport. Respondent wrote in his PCR that "Smith, R. MD"

⁶ CCEMSA Policy 530.23 Trauma provides the treatment sequence for trauma patient. Morphine may be given as a Standing Order for patients with isolated extremity trauma. Morphine administered for severe pain requires a Base Hospital Order only to be given by a physician.

1 was the base hospital physician, giving the appearance that he had made base hospital contact
2 with Dr. Smith. In fact, there was a call in for this run, but it was after Respondent had already
3 administered two doses of morphine. There was no request during the call for the
4 administration of morphine and no authority for the administration of morphine was provided.
5 During the investigation into this call, Respondent admitted he had functioned outside medical
6 control by administering morphine to this patient without authority to do so. Respondent
7 admitted that by putting the name of Dr. Smith in his report, it would appear, incorrectly, that he
8 had authority to administer the morphine. Respondent did not have authority to administer the
9 morphine to this patient without permission to do so from a treating physician or the base
10 hospital.⁷ Local rules require that during patient transport a paramedic may provide treatment
11 only when written orders from the treating physician or permission from base hospital is
12 obtained. Further, there are no local protocols for a paramedic to treat for pain management
13 without base hospital permission. There were no written orders from the transfer facility for
14 pain management or the administration of morphine. There are no records of any base hospital
15 contact for this run. Respondent was dishonest in completing his PCR records in that he falsely
16 stated that he had authority to administer the morphine to this patient. Respondent violated
17 local protocols by administering the treatment to this patient without authority to do so.
18 Respondent acted outside his authority as a paramedic by administering treatment to this patient
19 outside the supervision of required medical control.

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24 ⁷ CCEMSA Policy 341 "If the patient's needs are within the scope of practice for an EMT-1, no
25 interaction with a Base Hospital is necessary. EMT-Paramedic personnel may only function
under the direction of a Base Hospital Physician." [Section II(C)(8)] Appendix A provides the
specific procedures that can be performed and medications that can be administered under the
direction of an EMS Base Hospital.

**Second Cause of Action
Violation of 1798.200(c)(7)**

**Violating or attempting to violate directly
or indirectly, or assisting in or abetting the violation of,
or conspiring to violate, any provision of this division
or the regulations adopted by the authority
pertaining to prehospital personnel**

16. Complainant incorporates by reference Paragraphs 8 and 10 through 15, inclusive, as though repeated in their entirety herein.

17. Respondent violated Health and Safety Code section 1798.200(c)(7) in that he violated directly or indirectly provisions of Health and Safety Code section 1798.200 and violated regulations adopted by the Authority related to prehospital personnel. The preceding paragraphs are specific acts committed by the Respondent in violation of this section.

18. Respondent violated Title 22 California Code of Regulations, section 100145 "Scope of Practice of Paramedic", in that he acted outside the authority of the basic scope of practice of a paramedic and acted outside the authority of the local optional scope of practice for a paramedic in that he failed to follow local protocols.

19. Respondent violated Title 22 California Code of Regulations, section 100170(e) "Record Keeping", in that he failed to accurately record the patient care in his patient care reports.

**Third Cause of Action
Violation of 1798.200(c)(10)**

**Functioning outside the supervision of medical control
in the field care system operating at the local level,
except as authorized by any other license or certification**

20. Complainant incorporates by reference Paragraphs 8 and 10 through 15, inclusive, as though repeated in their entirety herein.

21. Respondent violated Health and Safety Code section 1798.200(c)(10) in that while providing patient care as a paramedic he functioned outside the supervision of medical control. The preceding and following paragraphs show how the Respondent violated this section.

1 22. Run Number 1818: On or about January 16, 2010, Respondent responded to a call for
2 "Non-Stat Trauma" for a 44-year-old female who had a seizure and fall. The patient was
3 complaining of severe back pain and pain to her hips over her buttocks. Respondent
4 administered morphine for pain to this patient. Although Respondent had made base hospital
5 contact for this run, he did not request and did not receive authorization to administer morphine
6 to this patient. Administration of morphine to this patient, under these circumstances was not
7 authorized under local protocols.^{8 9} Respondent wrote in his PCR that the patient was a seizure
8 and a fall patient, but also indicated that she had an altered level of consciousness (ALOC) even
9 though she was alert and oriented the whole time. Respondent also stated that he treated the
10 patient for trauma as well as the ALOC. Although local protocols may allow administration of
11 morphine for isolated extremity trauma under the Standing Orders contained in CCEMSA
12 Policy Number 530.23 without base hospital contact, there was no "isolated extremity trauma"
13 for this patient. Under these circumstances, morphine administration for this patient would have
14 required Base Hospital authorization. Respondent violated local protocols by administering the
15 treatment to this patient without authority to do so. Respondent acted outside his authority as a
16 paramedic by administering treatment to this patient outside the supervision of required medical
17 control.

18 23. Run Number 11229: On or about March 31, 2010, Respondent responded to a call for an
19 interfacility transfer from a medical facility to a hospital in Fresno. The patient was
20 complaining of chest pain. During the transfer, Respondent administered morphine. Because

21
22 ⁸ CCEMSA Policy 530.23 Trauma provides the treatment sequence for trauma patient.
23 Morphine may be given as a Standing Order for patients with isolated extremity trauma.
24 Morphine administered for severe pain requires a Base Hospital Order only to be given by a
25 physician.

⁹ CCEMSA Policy 530.02 General Procedures provides an overview of the treatment protocols
and outlines the treatment that can be performed as a standing order and the treatment that will
need Base Hospital Contact and/or Base Physician approval. The policy states that paramedics
are not allowed to switch protocols unless the patient needs treatment under an ACLS protocol
(i.e., cardiac arrest protocols, PSVT, V-Tach and Bradycardias). The policy also provides
the format for base and/or receiving hospital communications.

1 this was a transfer run, Respondent could not rely on the Standing Orders for administration of
2 morphine for patients with chest pain, and a contact with base hospital was required.

3 Respondent did not contact base hospital for this run and there were no orders for pain
4 administration for this patient. Although morphine administration is within the scope of
5 practice and is permissible under these circumstances^{10 11 12}, Respondent violated local
6 protocols by administering the treatment to this patient without authority to do so. Respondent
7 acted outside his authority as a paramedic by administering treatment to this patient outside the
8 supervision of required medical control.

9 24. Run Number 12753: On or about April 12, 2010, Respondent responded to a 911 call for a
10 motor vehicle roll over accident. The patient was an 85-year-old male with a complaint of
11 shoulder and facial pain related to the accident. Respondent documented that the patient had
12 abrasions, bleeding, lacerations and pain to the face and pain to the upper right arm with
13 impaired range of motion and possible fracture to the shoulder. Respondent administered two
14 doses of morphine to the patient. Respondent then contacted base hospital. Respondent
15 administered a third dose of morphine after making base hospital contact. There is no record of
16 a base hospital contact for this run. Under these circumstances base hospital authority was
17 required for administration of morphine. Administration of morphine to this patient, under these
18 circumstances was not authorized under local protocols.¹³ Respondent violated local protocols

20 ¹⁰ CCEMSA Policy 553, ALS Interfacility Transports states that ALS personnel may function
21 within their locally approved scope of practice during an interfacility transport in accordance
22 with their established procedures. The procedures are established in Policy 34 1.

23 ¹¹ CCEMSA Policy 341, Patient Transfers Between Acute Care Facilities states that if the
24 patient's needs are within the scope of practice for an EMT-I no interaction with a Base Hospital
25 is necessary. EMT-Paramedic personnel may only function under the direction of a Base
Hospital Physician [Section II(c)(8)] appendix A provides the specific procedures that can be
performed and medications that can be administered.

¹² CCEMSA Policy 530.13, Coronary Ischemic Chest Discomfort provides the Standing Orders
and Base Hospital Orders for treatment of patients with chest pain. Step #13 is morphine
administration and is used to relieve pain.

¹³ CCEMSA Policy 530.23 Trauma provides the treatment sequence for trauma patient.
Morphine may be given as a Standing Order for patients with isolated extremity trauma.

1 by administering the treatment to this patient without authority to do so. Respondent acted
2 outside his authority as a paramedic by administering treatment to this patient outside the
3 supervision of required medical control.

4 25. Run Number 14621: On or about April 25, 2010, Respondent responded to a call for an
5 interfacility transfer from one medical facility to a hospital, for a 25 year old male with
6 traumatic injury to his right hand. Respondent administered morphine to the patient.
7 Respondent did not receive base hospital approval for the administration of morphine to this
8 patient. Although morphine administration is within the scope of practice and is permissible
9 under these circumstances^{14 15}, administration of morphine to this patient, under these particular
10 circumstances was not authorized under local protocols¹⁶. Respondent violated local protocols
11 by administering the treatment to this patient without authority to do so. Respondent acted
12 outside his authority as a paramedic by administering treatment to this patient outside the
13 supervision of required medical control.

14 V. CAUSE FOR DISCIPLINE

15 Good cause exists for revocation of respondent's EMT-P license pursuant to Health and
16 Safety Code section 1798.200, as described in the factual allegations set forth, above.

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18
19 Morphine administered for severe pain requires a Base Hospital Order only to be given by a
20 physician.

21 ¹⁴ CCEMSA Policy 553, ALS Interfacility Transports states that ALS personnel may function
22 within their locally approved scope of practice during an interfacility transport in accordance
23 with their established procedures. The procedures are established in Policy 34 1.

24 ¹⁵ CCEMSA Policy 341, Patient Transfers Between Acute Care Facilities states that if the
25 patient's needs are within the scope of practice for an EMT-I no interaction with a Base Hospital
is necessary. EMT-Paramedic personnel may only function under the direction of a Base
Hospital Physician [Section II(c)(8)] appendix A provides the specific procedures that can be
performed and medications that can be administered.

¹⁶ CCEMSA Policy 530.23 Trauma provides the treatment sequence for trauma patient.

Morphine may be given as a Standing Order for patients with isolated extremity trauma.

Morphine administered for severe pain requires a Base Hospital Order only to be given by a
physician.


PRAYER

WHEREFORE, Complainant prays that a decision be rendered by the Director of the Emergency Medical Services Authority to revoke the license of the Respondent, for the violations of the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act and the accompanying rules and regulations, for the acts he has committed as alleged in this accusation.

WHEREFORE, Complainant prays for such other and further relief, as the Director deems proper.

Dated:

04-14-2011


SEAN TRASK
Chief, EMS Personnel Division
Emergency Medical Services Authority
State of California
Complainant